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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7779

SERIAL NUMBER 10/804,771	FILING DATE 03/19/2004 RULE	CLASS 430	GROUP ART UNIT 1756	ATTORNEY DOCKET NO. SD8287.1
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## APPLICANTS

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*nb*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/146,421 05/14/2002 PAT 6,749,997

*ws*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	5	12	1

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## TITLE

Gray scale x-ray mask

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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